2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F79850

1. Entity Name
LACOSTE ENTERPRISES, INC.

Principal Place of Business
6755 HUNDRED ACRE DR
PORT ST JOHN, FL 32927 US

Mailing Address
6755 HUNDRED ACRE DR
PORT ST JOHN, FL 32927 US

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2193129
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LACOSTE, LOIS M
6755 HUNDRED ACRE DR
PORT ST JOHN, FL 32927

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000503871
04/26/06-80049-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	LACOSTE, LOIS M
STREET ADDRESS	6755 HUNDRED ACRE DR
CITY-ST-ZIP	PORT ST JOHN, FL 32927
TITLE	P
NAME	LACOSTE, ROBERT
STREET ADDRESS	6755 HUNDRED ACRE DR
CITY-ST-ZIP	PORT ST JOHN, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois M. Lacoste 4/10/06 321-636-6805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lois M. Lacoste